	SENCER WAPPROVE	CONFIDEN	TIAL	SECRET
	OFFIC	IAL ROUTING	SLIP	
0	NAME AND	ADDRESS	DATE	INITIALS
	Deputy Director	for		
	Operations			
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4				-
			_	
4	ACTION	DIRECT REPLY	PREPARE	
4	APPROVAL	DISPATCH		ENDATION
	COMMENT	FILE	RETURN	
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